

To Whom It May Concern:

I am writing on behalf of **my patient**: _____

Diagnoses: _____

DSM-V or ICD-10/11 Code(s): _____

Basis for Diagnoses (diagnostic methodology):

Major Life Activities Affected by the Above Listed Diagnoses:

___ Working _____ Learning

___ Performing manual tasks _____ Others

___ Caring for oneself (e.g., maintaining food supply, safe living quarters, laundry, personal finances; ensuring safe transportation and medical appointments)

Initial Diagnosis Date: _____

Most Recent Assessment Date: _____

Current Symptoms:

Current Treatment Strategies and Prognosis:

Current Functional Limitations (including the impact of symptoms, medications, and/or treatments on educational functioning and whether the limitations are likely stable or progressive):

Please Note: Given the nature of this neurological disorder, this student may face challenges in the classroom and in class-related activities, e.g., attending classes as expected, arriving on time, and staying through classes; staying focused or awake in class and engaging in class activities; and, keeping pace with the volume of assignments and completing them in timely ways.

Suggested Academic Adjustments (See #3 *Guide to Requesting Academic Adjustments for College Students with IH*:

<http://www.hypersomniafoundation.org/wp-content/document/requesting-academic-adjustments-in-college>):

Provider's Name: _____

Provider's Title/Credentials: _____

Medical Specialty _____

Medical Affiliation/Office _____

Contact Information _____

Provider's Signature: _____

Date: _____